

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

00 MAY 16 AM 10:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L99000001466

1. Entity Name

Sesa Enterprises, L.C.

Principal Place of Business

Mailing Address

3956 Town Center Blvd., Suite 381  
Orlando, FL 32837

2. Principal Place of Business

3. Mailing Address

5932 BLAKEFORD DRIVE  
Suite, Apt. #, etc.

P.O. Box 1192  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

WINDERMERE, FLORIDA

City & State

WINDERMERE, FL 34716

4. FEI Number

59-3564770

Applied For

Not Applicable

Zip

34786

Country

U.S.A.

Zip

34786

Country

U.S.A.

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

Miguel Senior  
3956 Town Center Blvd., Suite 118  
Orlando, FL 32837

7. Name and Address of New Registered Agent

Name Pohl & Short, P.A.  
Street Address (P.O. Box Number is Not Acceptable)  
280 W. Canton Ave.  
Suite 410  
City Winter Park FL Zip Code 32789

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-28-00

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 Fee will be \$550.00

Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11.

OFFICERS AND DIRECTORS

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Managing Member	<input type="checkbox"/> Delete
NAME	Senpao Enterprises, L.C.	
STREET ADDRESS	102 Park Place Blvd., Bldg. D	
CITY-ST-ZIP	Kissimmee, FL 34741	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	MANAGING MEMBER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEnpao ENTERPRISES, L.C.	
STREET ADDRESS	5932 BLAKEFORD DRIVE	
CITY-ST-ZIP	WINDERMERE, FL 34786	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:



Miguel Senior

4/27/00

(407) 932-1938

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)